

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MurphPAC

ADDRESS (number and street)

410 1st St SE, FL 3

Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00459925

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Kyriacopoulos, Janica, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Kyriacopoulos, Janica, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MurphPAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
09		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
09		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**MurpPAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12000.00

17000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

12000.00

17000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

41000.00

112000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

53000.00

129000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

53000.00

129000.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

53000.00

129000.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	8356.03	34766.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8356.03	34766.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	87500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23356.03	122266.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23356.03	122266.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	53000.00	129000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53000.00	129000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	8356.03	34766.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	8356.03	34766.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brownstein, Donald, I., ,**

Mailing Address 359 Merriebrook Ln

City  
Stamford

State  
CT

Zip Code  
06902-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Structured Portfolio Management, LLC

Occupation (for Individual)  
Investment management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 09 / 2016

**Transaction ID : C9637660**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cherokee Nation**

Mailing Address PO Box 948

City  
Tahlequah

State  
OK

Zip Code  
74465-0948

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 09 / 2016

**Transaction ID : C9637657**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Michael, C., ,**

Mailing Address 177 Sabbaday Ln

City  
Washington Depot

State  
CT

Zip Code  
06794-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ironwood Partners

Occupation (for Individual)  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 29 / 2016

**Transaction ID : C9645621**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MurphPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tiktinsky, Jon, , ,

Mailing Address 101 Hulls Farm Rd

City  
SouthportState  
CTZip Code  
06890-1027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Graham CapitalOccupation (for Individual)  
Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : C9645630

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
/ /

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
/ /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

12000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**MurphPAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
DAVITA HEALTHCARE PARTNERS, INC. POLITICAL ACTION COMMITTEE (DAPAC)

Mailing Address 32275 32ND AVENUE, S.

City  
FEDERAL WAY

State  
WA

Zip Code  
98001

FEC ID number of contributing  
federal political committee.

**C**

C00340943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C9649100**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Avenue NW  
Suite 500 West

City  
Washington

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C**

C00096156

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C9645623**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITI

Mailing Address 1295 STATE STREET

City  
SPRINGFIELD

State  
MA

Zip Code  
01111

FEC ID number of contributing  
federal political committee.

**C**

C00118943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2016

**Transaction ID : C9637661**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

6000.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 15

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FU**

Mailing Address 1095 AVENUE OF THE AMERICAS

City  
NEW YORK

State  
NY

Zip Code  
10036

FEC ID number of contributing  
federal political committee.

**C** C00040923

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09** / **29** / **2016**

**Transaction ID : C9645622**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 16011 NE 36th Way  
Box 97017

City  
Redmond

State  
WA

Zip Code  
98073

FEC ID number of contributing  
federal political committee.

**C** C00227546

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **09** / **2016**

**Transaction ID : C9637656**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMM**

Mailing Address 1919 M STREET, NW  
5TH FLOOR

City  
WASHINGTON

State  
DC

Zip Code  
20036

FEC ID number of contributing  
federal political committee.

**C** C00004812

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **29** / **2016**

**Transaction ID : C9645631**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. MWW GROUP INC POLITICAL ACTION COMMITTEE, THE**

Mailing Address ONE MEADOWLANDS PLAZA

City

EAST RUTHERFORD

State

NJ

Zip Code

07073

FEC ID number of contributing  
federal political committee.

**C**

C00413575

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C9645628**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1875 I STREET, NW  
SUITE 600

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

**C**

C00303339

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : C9645625**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION CO**

Mailing Address 1850 M Street NW Suite 540

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C**

C00130773

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : C9649098**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MurphPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 751 Broad Street  
14th Floor

City  
Newark

State  
NJ

Zip Code  
07102

FEC ID number of contributing  
federal political committee.

C C00127779

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : C9649099

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B. TRAVELERS COMPANIES INC. POLITICAL ACTION COMMITTEE

Mailing Address One Tower Square

City  
Hartford

State  
CT

Zip Code  
06183

FEC ID number of contributing  
federal political committee.

C C00376376

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 09 / 2016

Transaction ID : C9637659

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7500.00

41000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

**A. Fidelity Investments**Mailing Address 200 Seaport Blvd  
V5ACity  
BostonState  
MAZip Code  
02210-2031Purpose of Disbursement  
PAC Event Space Rental

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

**C****Transaction ID : D632427**

Amount of Each Disbursement this Period

6300.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. First Data**

Mailing Address 1 Western Maryland Pkwy

City  
HagerstownState  
MDZip Code  
21740Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

FEC Identification Number

**C****Transaction ID : D635698**

Amount of Each Disbursement this Period

39.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Griner, Allison, Baker, Mrs.,**

Mailing Address 4971 Allan Rd

City  
BethesdaState  
MDZip Code  
20816-2721Purpose of Disbursement  
PAC Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

FEC Identification Number

**C****Transaction ID : D632421**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7340.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

**A. NGP Van, Inc.**Mailing Address 1101 15th St NW  
Suite 500City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
PAC Software License Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

**C****Transaction ID : D632369**

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PCMS, LLC**Mailing Address 1050 17th St NW  
Ste 590City  
WashingtonState  
DCZip Code  
20036-5592Purpose of Disbursement  
PAC Accounting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	6		

FEC Identification Number

**C****Transaction ID : D633648**

Amount of Each Disbursement this Period

265.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1015.20

8356.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

**A. CATHERINE CORTEZ MASTO FOR SENATE**

Mailing Address 8020 SOUTH RAINBOW BLVD #100-112

City  
LAS VEGASState  
NVZip Code  
89139Purpose of Disbursement  
Contribution

Candidate Name

**MASTO, CATHERINE CORTEZ, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: NV

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

**C** C00575548**Transaction ID : D633685**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KATIE MCGINTY FOR SENATE**

Mailing Address PO BOX 22447

City  
PHILADELPHIAState  
PAZip Code  
19110Purpose of Disbursement  
Contribution

Candidate Name

**MCGINTY, KATHLEEN ALANA, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: PA

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

**C** C00582809**Transaction ID : D633682**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KIRKPATRICK FOR ARIZONA**

Mailing Address PO Box 993

City  
PrescottState  
AZZip Code  
86302Purpose of Disbursement  
Contribution

Candidate Name

**Kirkpatrick, Ann, , ,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: AZ

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

**C** C00437293**Transaction ID : D633684**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

**A. MAGGIE FOR NH**

Mailing Address PO BOX 298

City  
CONCORDState  
NHZip Code  
03302Purpose of Disbursement  
Contribution

Candidate Name

**HASSAN, MARGARET WOOD, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

**C** C00588772**Transaction ID : D633681**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RUSS FOR WISCONSIN**

Mailing Address PO BOX 620061

City  
MIDDLETONState  
WIZip Code  
53562Purpose of Disbursement  
Contribution

Candidate Name

**FEINGOLD, RUSSELL DANA, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

**C** C00578013**Transaction ID : D633683**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

15000.00